

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-18057		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3	Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/>	SOLVED <input type="checkbox"/> UNSOLVED <input type="checkbox"/>		
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH: 09/26/86		DAY Mon	TIME: MILITARY 1832	
CRASH OCCURRED ON 736 E. Main St. Parking Lot						WITHIN THE INTERSECTION OF				
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				
MILES _____ FEET _____ W _____ E _____ S _____ OF _____						CITY CODE 8302				
LOG-1		LOG-2		LOC JUR FH9 FILT						
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT State Farm			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Nashoch, Kirstie L.					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 200 E. Maxwell St. Lexington, Ky 40509					
PHONE NO. 859-777-2729		BIRTH DATE 09/19/92	AGE 24	SEX F	SOCIAL SECURITY NO.		STATE KY	DRIVER'S LICENSE NO. 108-821-130	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same					ADDRESS				PHONE	
VEH YR 2010	MAKE Toyota	MODEL YS	COLOR Red	STYLE YS	STATE KY	LICENSE PLATE NO. 3852FF	TOWING SERVICE	VEH/PED DIR FROM _____ TO _____		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8	UNIT NO. 2	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT State Farm			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Brisker, Jeremy E.					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 922 Fairwinds Ct. Apt. B Lebanon, OH 45036					
PHONE NO. 513-252-8069		BIRTH DATE 04/23/86	AGE 30	SEX M	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. SP689654	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Twardowski, Alisha N.					ADDRESS 1358 Orchard Run Dr. Lebanon OH 45036				PHONE 513-504-3892	
VEH YR 2005	MAKE Honda	MODEL Civic	COLOR Blue	STYLE 2S	STATE OH	LICENSE PLATE NO. E2J 5677	TOWING SERVICE	VEH/PED DIR FROM _____ TO _____		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)			BIRTHDATE m d y	AGE	POSITION A B C D E F		INJURIES A B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)			BIRTHDATE m d y	AGE	SEX		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)			BIRTHDATE m d y	AGE	SEX		CONDITION A B C D E F	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)			BIRTHDATE m d y	AGE	SEX		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
A B C		INJURED TAKEN TO			By		A B C D E F		ALCOHOL A B C D E F	
D E F		INJURED TAKEN TO			By		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED	
A		OFFENSE CHARGED AND DESCRIPTION			ORC CITY ORD.		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
O		OFFENSE CHARGED AND DESCRIPTION			ORC CITY ORD.		A B C D E F		DRUGS A B C D E F	
RECEIVED CALL 1832		DISPATCHED 1833	ARRIVED 1837	CLEARED 1901	OTHER TIME 20	TOTAL MINUTES 44	A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	
DATE REPORT FILED 10/1/86		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Jenkins		BADGE NO. 112	CHECKED BY	A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG	